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NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

SCIATICA AND FLAT-FOOT.—*The Inter-state Medical Journal*, quoting from a German contemporary says: In connection with an interesting account of the treatment of sciatica by means of a steam douche, Klug calls attention to a common diagnostic error that is by no means generally appreciated. A symptom complex that cannot clinically be distinguished from true sciatica may be brought about by a sinking of the arch of the foot. In every case of sciatica the foot on the affected side should, therefore, be carefully inspected, both in the sitting and lying posture. If there is any abnormality of the arch, proper treatment, by means of supports within the shoe, should at once be inaugurated. Often sciaticas that have resisted all treatment will then promptly be ameliorated or entirely disappear. Of his last 40 cases of sciatica, 15 per cent. were successfully treated by means of such supports to the arch.

CARE OF THE BREASTS.—Dr. J. H. Tibbitts, in an article in the *Medical Record*, recommends compression and moderately tight bandaging of the breasts as of great value in maintaining a normal condition of the breasts after labor. On the second day he applies a rather thick layer of clean choice cotton batting, which he prefers to absorbent cotton as more elastic and compressible. The night-dress is then smoothed and arranged neatly, a broad bandage is passed around the chest outside of everything and pinned moderately tight; being outside it can be kept free from wrinkles and in proper position. When the child is nursed one side is uncovered, the nipple bathed in boric acid solution after nursing, and the cotton and bandage rearranged. In his practice this has prevented caked breast, fissured nipples, and mastitis in its various forms. No breast under compression and bandage becomes overdistended, but drains itself of all overplus. The article is well worth reading.

HEMORRHAGE OF THE NEW-BORN.—This subject was brought forward by "A Reader" in the letter department of the July JOURNAL, pages 756-7. An Indiana nurse sends a copy of the annual report of Hope

Hospital, Fort Wayne, in which is an article by Dr. Ben Perley Weaver on the same theme. Discussing the probable causes of the hemorrhages, he says: "At the present time it seems most probable that one of two factors is responsible, viz., that there is a lessened resistance in the thin walls of the small vessels, or that an alteration in the chemical composition of the blood is present to an extent sufficient to inhibit the coagulating power of the blood. Again, just what this chemic alteration is has not yet been determined, nor do we know that the same blood elements are lacking in every case of new-born hemorrhage." The seat of hemorrhage may be in any portion of the body. It has taken place at the umbilicus, from the intestines, mouth, stomach, conjunctivæ, ears, lungs, and vagina. He quotes Holt as to symptoms: "In many cases nothing is noticed until the hemorrhage begins. The child may be previously healthy or feeble." . . . "The amount of blood lost in most cases is not great, but there is a continuous oozing. The total hemorrhage may be only one or two drachms or it may reach several ounces. The skin is usually pale, the pulse feeble, and the general condition one of considerable prostration, often from the outset. In all cases there is rapid loss of weight. The temperature may be high, low, or subnormal. A marked elevation of temperature may depend not upon the hemorrhage but upon associated conditions. Fluctuations in temperature during the first three days are so common from disturbances of nutrition that I attach much less importance than have some writers to this symptom. Icterus is not more frequent than among other infants. In a large number of the cases there is diarrhœa. Convulsions often occur at the close of the disease. The duration of the disease in cases which recover is usually but one or two days. In fatal cases it is rarely more than three days, and often less than one. Death more frequently results from the gradual failure of all the vital forces than from a rapid loss of blood." The prognosis varies according to the underlying condition, the resistance of the patient, and the time of the onset of the hemorrhage; ordinarily, the earlier the bleeding begins, the graver the prognosis.

Dr. Weaver discusses three remedies, the calcium salts, gelatin, and fresh blood or blood-serum, either animal or human. In his experience the most logical and successful is direct transfusion of human blood.

The Journal of the American Medical Association for July 30 has an article on "Serum Treatment of Hemorrhagic Disease of the New-Born, with Report of Three Cases," by Dr. Edward B. Bigelow, of Worcester, Mass. He reviews the literature on the subject, the disappointing results from other measures for relief, and says: "Far more

success has been attained with the subcutaneous and intravenous injection of fresh serum. The indications for this form of treatment are especially marked in all cases of hemorrhage due to a lowered coagulating power of the blood, though useful and well worthy of trial in all other forms of hemorrhage. The hemorrhagic disease of the new-born is a condition in which this method of hæmostasis is especially applicable. This condition is practically confined to the first ten days of life and is self-limited." . . . "Hemorrhagic disease of the new-born can be differentiated from true hereditary hæmophilia, in that the infants affected are nearly as often females as males; but those that bleed in the first few days of life, if they recover, rarely manifest any such tendency later, and, in addition, true hæmophilia usually does not manifest itself before the end of the first year."

In the three cases described, two of the children were apparently moribund when the serum was administered, yet the control of the hemorrhage was immediate and recovery was complete, the infants showing no bad after-effects. He alludes to three cases of direct transfusion where the results were equally wonderful.

CURRENT LITERATURE OF INTEREST TO NURSES

American Journal of Surgery, June, "Perforation in Typhoid Fever," Francis E. DuBois; *Inter-State Medical Journal*, July, "Hay Fever," Otto J. Stein; *Maryland Medical Journal*, July, "Sir James Young Simpson" (the discoverer of chloroform), H. M. Cohen; *Journal of the American Medical Association*, July 9, "The Nervous Unfit," S. S. Crockett, M.D.; "Educational Work in Reducing Infant Mortality," Wilbur C. Phillips, M.D., "A Simple and Inexpensive Device to Prevent the Contamination of Sterile Solutions," A. G. Bettman, M.D.; July 23, "Manual Work in the Treatment of the Functional Nervous Diseases," Herbert J. Hall, M.D., "Gymnastics and Massage in the Treatment of Nervous Diseases," Haldor Sneve, M.D., "The Prevention of Blindness," F. Park Lewis, M.D. *The Woman's Medical Journal*, June, "The Nursing Society of the Township of York." *The Survey*, Aug. 6, "How to Save Girls who have Fallen," Annie W. Allen. *The British Journal of Nursing*, July 30, "The Aspects of Disease," Warrington Haward. *The Visiting Nurse Quarterly*, July, Infant Mortality Number. *McClure's Magazine*, August, "Oxygenizing a City," Burton J. Hendrick.